

Pro Se Corporation

Pro Se Govt.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORKDefault Judgement
Whistleblower

Robert W. Johnson,

Plaintiff(s)

vs.

Executive East Syracuse Hotel LLC, et al.)

Defendant(s)

Civil Case No.: 5:22-cv-408 (GLS/ML)

CIVIL
RIGHTS
COMPLAINT
PURSUANT TO
42 U.S.C. § 1983Plaintiff(s) demand(s) a trial by: JURY COURT (Select only one)

THIS DISTRICT COURT AND OF N.Y.

FILED

MAY - 2 2022

AT ____ O'CLOCK

John M. Domurad, Clerk - Syracuse

JURISDICTION

1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1333(3) and (4) and 2201.

PARTIES

2. Plaintiff: Robert W. Johnson
 Address: 112 Court St. : APT. 2
 Watertown NY 13601

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: Executive East Syracuse Hotel LLC
 Official Position: Pro Se Corporation
 Address: 6620 Old Collemer Road
 East Syracuse NY 13057
 315-432-5612

b. Defendant:

Official Position:

Address:

Mrs. Martin

Pro Se Corporation Owner

6620 Old Cullamer Road
East Syracuse, NY 13057
315-432-5612

c. Defendant:

Official Position:

Address:

Jefferson County Department of Social Services

Pro Se Govt.

250 Arsenal St.
Watertown, NY 13601

Additional Defendants may be added on a separate sheet of paper.

4.

FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

On 04/07/2022 M. Burns, Jefferson County Department of Social Services, Teresq Gaffney, Deborah Labadihi, The WorkPlacee, Tracy Eveleigh, Kathy Hochu, Robert J. Rodriguez & Georgeann Stevenson authorized an action for Robert W. Johnson to receive assistance to meet an immediate need or a special

- d. Teresq Gaffney : Pro Se Corporation Govt.
Employee : 250 Arsenal St. : Watertown,
NY 13601.
- e. Deborah Labadini : Pro Se Corporation Govt.
Employee : 250 Arsenal St. : Watertown,
NY 13601.
- f. The Workplace : Pro Se Govt. Employee :
250 Arsenal St. : Watertown, NY 13601.
- g. Tracy Eveleigh : Pro Se Govt. Employee :
250 Arsenal St. : Watertown, NY 13601.
- h. M. Burns : Pro Se Govt. Employee : 250
Arsenal St. : Watertown, NY 13601.
- i. Kathy Hochul : Pro Se Govt. Employee :
State Capitol : Albany, NY 12224.
- j. Robert J. Rodriguez : State Capitol : Albany, NY 12224
- k. Georgeann Stevenson : One Commerce Plaza :
99 Washington Ave. : Albany, NY 12231-0001.

4.

FACTS

allowance specifying that the above-said can assist with emergency housing if Robert W. Johnson finds a facility that will accept Robert W. Johnson and agency payment. On 04/26/2022 Robert W. Johnson was denied housing/shelter services by Executive East Syracuse Hotel LLC, Mr. Martin, Mrs. Martin, Jefferson County Department of Social Services, Teresa Gaffney, Deborah Labadini, The Workplace, Tracy Eveleigh, M. Burns of Jefferson County DSS, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson and no valid reasons were given, after Robert W. Johnson presented the documents to receive housing/shelter services.

5.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

Executive East Syracuse Hotel LLC, Mr. Martin & Mrs. Martin denied Robert W. Johnson housing/shelter with no valid reasons after Plaintiff presented contractual records for payment.

SECOND CAUSE OF ACTION

M. Burns, Jefferson County Department of Social Services, Teresa Gaffney, Deborah Labadini, The WorkPlace, Tracy Eveleigh, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson breached all contracts and responsibilities.

THIRD CAUSE OF ACTION

Robert W. Johnson was discriminated against by all defendants and denied Due Process Rights with no policy supported documents.

**ACTION TAKEN ON YOUR REQUEST FOR
ASSISTANCE TO MEET AN IMMEDIATE NEED OR A SPECIAL ALLOWANCE**

NOTICE DATE <u>04/07/2022</u>		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE JEFFERSON COUNTY DSS HUMAN SERVICES BLDG 250 ARSENAL ST STE 2 WATERTOWN, NY 13601	
CASE NUMBER P138940		CIN NUMBER CR05904Q	
CASE NAME (And C/O Name if Present) AND ADDRESS JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601			
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP (315) 785-3000	
		OR Agency Conference Fair Hearing Information and Assistance Record Access Legal Assistance Information	(315) 785-3000 (315) 785-3000 (315) 785-3000 (877) 777-6152
OFFICE NO.	UNIT NO. TM2	WORKER NO. 59	UNIT OR WORKER NAME M. BURNS
			TELEPHONE NO. (315) 785-3298

1	On <u>04/07/2022</u> you asked for help with:
	<input type="checkbox"/> A special need of: _____ <input checked="" type="checkbox"/> An immediate need of: ASSISTANCE WITH HOMELESSNESS <input checked="" type="checkbox"/> We will help you by: <input checked="" type="checkbox"/> Meeting your need in the following way: AGENCY CAN ASSIST WITH EMERGENCY HOUSING IF YOU FIND A FACILITY THAT WILL ACCEPT YOU AND AGENCY PAYMENT.
	<input type="checkbox"/> Doing the following, since this is <u>not</u> a need of yours that must be met today: _____ <input type="checkbox"/> If this box is checked, you are responsible for repaying _____ as shown: <input type="checkbox"/> This amount must be repaid to us in accordance with the agreement to repay which you signed on _____ <input type="checkbox"/> You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay. <input type="checkbox"/> We cannot help you because: _____
The LAW(S) AND/OR REGULATION(S) which allows us to do this is 358.1 <input type="checkbox"/> This is a follow-up to our notice to you dated: _____	
2	On _____ you asked for help with:
	<input type="checkbox"/> A special need of: _____ <input type="checkbox"/> An immediate need of: _____ <input type="checkbox"/> We will help you by: <input type="checkbox"/> Meeting your need in the following way: _____ <input type="checkbox"/> Doing the following, since this is <u>not</u> a need of yours that must be met today: _____ <input type="checkbox"/> If this box is checked, you are responsible for repaying _____ as shown: <input type="checkbox"/> This amount must be repaid to us in accordance with the agreement to repay which you signed on _____ <input type="checkbox"/> You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay. <input type="checkbox"/> We cannot help you because: _____
	The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____ <input type="checkbox"/> This is a follow-up to our notice to you dated: _____
3	On _____ you asked for help with:
	<input type="checkbox"/> A special need of: _____ <input type="checkbox"/> An immediate need of: _____ <input type="checkbox"/> We will help you by: <input type="checkbox"/> Meeting your need in the following way: _____ <input type="checkbox"/> Doing the following, since this is <u>not</u> a need of yours that must be met today: _____ <input type="checkbox"/> If this box is checked, you are responsible for repaying _____ as shown: <input type="checkbox"/> This amount must be repaid to us in accordance with the agreement to repay which you signed on _____ <input type="checkbox"/> You must repay the amount that is more than the DSS shelter maximum of _____ for your family size of _____ for each month of arrears that DSS agreed to pay. <input type="checkbox"/> We cannot help you because: _____
	The LAW(S) AND/OR REGULATION(S) which allows us to do this is _____ <input type="checkbox"/> This is a follow-up to our notice to you dated: _____

Note: If you are being approved for a special allowance to meet expenses (such as transportation) necessary to attend education or training programs, this allowance may vary based on your actual attendance in the program. If you do not meet a satisfactory attendance standard or make satisfactory progress in the program, this allowance may be withheld. If your allowance changes, you will get a separate notice telling you this and explaining why.

Public Assistance – If you are also applying for public assistance, you will also get a separate notice from us telling you of the decision on your application. If you are getting public assistance and your request for more help is denied, your ongoing public assistance case will not be affected.

Supplemental Nutrition Assistance Program (SNAP) – If you get assistance, your household's SNAP benefits may change. If your benefits are changed, you will get a separate notice telling you this and explaining why.

MEDICAL ASSISTANCE

- If you need help with your medical bills, you must apply separately for medical assistance. If you want more information about eligibility for medical assistance, call the phone number listed above.
- Your medical assistance coverage stays the same.
- Your application for medical assistance is being reviewed. We will send you our decision within 30 days.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

Enclosure **YOU HAVE THE RIGHT TO APPEAL THIS DECISION - BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

DISTRIBUTION: **White -CLIENT/FAIR HEARING COPY** **Yellow - CLIENT COPY** **Pink - AGENCY COPY**

NAME: JOHNSON ROBERT	ADDRESS: JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601	CASE NUMBER: P138940
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CONFERENCE AND FAIR HEARING SECTION - DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors; 2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at otda.ny.gov/legal. These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the front of this notice or write to us at the address on the front of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

2. **STATE FAIR HEARING** - You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you must repay Public Assistance because you signed a repayment agreement, or because the shelter arrears that DSS agreed to pay is more than the DSS shelter maximum, and if you do not agree that you must repay or you do not agree with the amount DSS says you must repay, you must call for a fair hearing. If you do not call for a fair hearing, you cannot claim in the future that any agency's decision that you owe the debt was wrong. The time limit for calling for a fair hearing on the issue of the repayment is the same as the limit for any Public Assistance action this notice is telling you about, 60 days.

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax** or **online**.

Mail: Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

- I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL).

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

WHAT TO EXPECT AT A FAIR HEARING:

The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the front of this notice or write to us at the address on the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.

6. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

\$ 100,000,000.00 for punitive damages : 100%
Ownership of Executive East Syracuse
Hotel LLC : All other reliefs Just & Proper.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 04/29/2022

Robert W. Johnson
Robert W. Johnson
Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010